

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90003 021 \*\*\*\*61.25

**DOCUMENT # N98000007205**

1. Entity Name  
**LAKE PLACID BAND BOOSTERS, INC.**



Principal Place of Business  
**202 GREEN DRAGON DRIVE  
LAKE PLACID, FL 33852**

Mailing Address  
**202 GREEN DRAGON DRIVE  
LAKE PLACID, FL 33852**

**54033380**



2. Principal Place of Business

3. Mailing Address

**114 McKinley Ave NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-NP CR2E037 (10/03)

City & State

City & State  
**Lake Placid FL**

4. FEI Number  
**65-0938340**

Applied For  
☐ Not Applicable

Zip

Country

Zip

**33852**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCLURE, JOHN K  
230 SOUTH COMMERCE AVE.  
SEBRING, FL 33870**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME LIPSCOM, JAMES  
STREET ADDRESS 207 N. MAIN ST  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VPD ☒ Delete  
NAME BREWINGTON, MICHELLE  
STREET ADDRESS 101 NE ORANGE RD  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TD ☐ Delete  
NAME NORRIS, SUSAN  
STREET ADDRESS 114 MCKINLEY AVE NE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE S ☒ Delete  
NAME LAMBORN, C  
STREET ADDRESS 32 SUNSET LANE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE WM ☒ Delete  
NAME MOORE, KAREN  
STREET ADDRESS 105 HUNTLEY OAK CT  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Cabalo, Roy  
STREET ADDRESS 3041 Lake June Blvd  
CITY-ST-ZIP Lake Placid, FL 33852

TITLE VPD ☒ Change ☐ Addition  
NAME Wood, Michael  
STREET ADDRESS 67 Williams Rd.  
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME Wolfe Mary  
STREET ADDRESS 131 Sunset Pointe Blvd  
CITY-ST-ZIP Lake Placid, FL 33852

TITLE WM ☒ Change ☐ Addition  
NAME Brewington, Michelle  
STREET ADDRESS 1248 Lake Clay Dr.  
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Susan C. Norris **Susan C. Norris** 4/16/04 863-465-5253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #